

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32498

State File No.

BIRTH NO.		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>4407</u>		Registrar's No. <u>297</u>			
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>La Monte</u>		c. LENGTH OF STAY (In this place) <u>52</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>La Monte</u>		<u>1800</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mary</u>		b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Scott</u>			
4. DATE OF DEATH		(Month) <u>9</u>		(Day) <u>24</u>		(Year) <u>52</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 30-1900</u>			
9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 14 HRS. Hours <u>0</u> Min. <u>0</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Cal Camp Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>			
13a. FATHER'S NAME <u>A J Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Addie Kennedy</u>		14. NAME OF HUSBAND OR WIFE <u>Joe M Scott</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>L</u>		16. SOCIAL SECURITY NO. <u>496-16-7671</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joe M Scott</u>		ADDRESS <u>La Monte Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocardial infarction</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic glomerular nephritis</u> DUE TO (c) <u>Qyr</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>one hour</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>592X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>5-20</u> <u>1948</u> , to <u>9-24</u> , <u>1952</u> , that I last saw the deceased alive on <u>9-24</u> , <u>1952</u> , and that death occurred at <u>10:15 PM</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>M Edwards</u>		(Deputy or title)		23b. ADDRESS <u>Sedalia Mo</u>		23c. DATE SIGNED <u>9/26/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9-27-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>La Monte</u>		24d. LOCATION (City, town, or county) (State) <u>La Monte Mo</u>			
DATE REC'D BY LOCAL REG. <u>9-26-1952</u>		REGISTRAR'S SIGNATURE <u>W Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wetherford</u>		ADDRESS <u>Louisiana</u>			
(Licensed Embalmer's Statement on Reverse Side)									

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 22 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

H. Amily

Licensed Embalmer No. *3987*

P. O. Address *Houston*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.